



ALAMEDA RECREATION AND PARK DEPARTMENT
 2226 Santa Clara Avenue, Alameda, CA 94501
 510-747-7529/FAX: 510-523-4071 - TAX ID#: 94-6000288

2011 SUMMER WOW EXTENDED CARE FOR HIDDEN COVE AND TRAILS END

CHILD'S NAME _____ BIRTHDATE ____/____/____ ☐ BOY ☐ GIRL GRADE COMPLETED AS OF JUNE 2011 _____
 ADDRESS _____ CITY _____ ZIP _____ HOME PHONE (____) _____

ALLERGIES/MEDICAL ISSUES/MEDICATIONS/DIETARY RESTRICTIONS _____

PLEASE NOTE: Registrations for children requiring special attention are reviewed on a case-by-case basis with the Program Supervisor. Please be sure to provide as much detail as possible, including any physical or emotional needs or medications involved. ARPD Staff do not receive specialized training for various special needs, but will work with individuals appropriately to provide a positive experience.

MEDICAL RELEASE: I do hereby give permission for any certified emergency professional or health care professional to administer any type of medical treatment he/she deems necessary to the above child(ren) in case of an emergency and in the event that I cannot be contacted.

DOCTOR'S NAME _____ PHONE (____) _____
 NAME OF INSURANCE _____ POLICY NUMBER _____

PARENT/GUARDIAN INFORMATION

MOM/GUARDIAN NAME _____ ADDRESS (if different) _____
 HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____
 DAD/GUARDIAN NAME _____ ADDRESS (if different) _____
 HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

EMERGENCY CONTACT INFORMATION

In case of an emergency and parents cannot be reached, please contact: (I understand it is my responsibility to provide current contact information):

NAME _____ RELATIONSHIP _____ HOME/CELL/WORK PHONE (____) _____

BEFORE AND AFTER EXTENDED CARE FOR HIDDEN COVE (Completed Kindergarten & 1st Grades)

NO AFTERNOON EXTENDED CARE ON THURSDAY DUE TO FAMILY NIGHT CAMPFIRE PROGRAM

- ☐ SESSION 1 - Monday-Friday, June 20-24 ☐ Godfrey ☐ Washington \$70
☐ SESSION 2 - Monday-Friday, June 27-July 1 ☐ Godfrey ☐ Washington \$70
☐ SESSION 3 - TUESDAY-Friday, July 5-8 ☐ Godfrey ☐ Washington \$60 - NO WOW JULY 4TH

BEFORE AND AFTER EXTENDED CARE FOR TRAILS END (Completed 2nd - 5th Grades)

NO AFTERNOON EXTENDED CARE ON THURSDAY DUE TO FAMILY NIGHT CAMPFIRE PROGRAM

- ☐ SESSION 1 - Monday-Friday, July 11-15 ☐ Godfrey ☐ Washington \$60
☐ SESSION 2 - Monday-Friday, July 18-22 ☐ Godfrey ☐ Washington \$60
☐ SESSION 3 - Monday, July 25-29 ☐ Godfrey ☐ Washington \$60
☐ SESSION 4 - Monday, August 1-5 ☐ Godfrey ☐ Washington \$60

AT THE END OF THE DAY, MY CHILD MAY LEAVE WOW SITE: (SELECT ONE:)

- ☐ ONLY WITH AUTHORIZED PICK UP PERSON(S) LISTED BELOW* OR ☐ BY CHECKING SELF OUT AT: _____ P.M.

*LIST FIRST AND LAST NAMES OF ALL PERSON(S) AUTHORIZED TO PICK UP CHILD FROM WOW:

PARENTS/GUARDIANS - PLEASE READ AND INITIAL:

PARENT'S INITIALS

- **LATE PICK UP FEE:** I understand that if my child is not picked up by 5:30 p.m., I will be charged a \$1 per minute late fee for every minute I am late picking up my child payable that day.....
- **ABSENCES:** I understand that no credits, refunds, make-ups are given when my child is absent from WOW
- **SIGN OUT:** I understand that my child must be signed out by an authorized person every day he/she attends WOW REGISTRATION: I understand that registration fees MUST be paid in the ARPD Office by the Thursday before the start of the WOW week. Payments received after the Thursday deadline will be charged an automatic \$15 late fee in addition to my regular fee
- **SPACE AVAILABILITY:** I understand that spaces at the WOW Program are NOT held without payment.....

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES AND DISCHARGES THE CITY OF ALAMEDA, its directors, officers, employees, agents, and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of the City of Alameda, its directors, officers, employees, agents, and independent contractors. In addition, if transportation is provided to the activity, serious injuries could occur. Knowing these risks, I want (my child) to participate in this activity.
2. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, whether or not it is due to the negligence of the City of Alameda, its directors, officers, employees, agents, and independent contractors or otherwise while in, upon or about the premises of the City of Alameda and/or while using the premises or facilities or equipment thereon.
3. THE UNDERSIGNED HEREBY PERMITS the taking of photographs of themselves and/or the participant by the City of Alameda during recreation classes or activities to be used at the City's discretion.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement has been made.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FEE ENCLOSED: \$ _____ CASH _____ CHECK # _____

MASTERCARD/VISA # _____ - _____ - _____ - _____ EXP DATE _____